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An Inaugural essay

on

Cynanche Trachealis,

Submitted to the examination of

The Rev'd John Andrews D.D. Provost;

the students of the University of Pennsylvania,

and Medical Faculty of the University of Pennsylvania,

On the day of 1801.

For the Degree of Doctor of Medicine,

By Granville Battle, of Virginia.

Honorary Member of the Philadelphia Medical

Society, Member of the Linnean Society, and Member

of the Philadelphia Medical Society.



In a treatise on *Cynanche Trachealis* of the present day, there can be expected little new; as it has engaged the attention of the most learned Physicians for centuries past: therefore, I hope I shall be excused if I collect whatever I can from those who have excelled in the profession, and condense it in this essay. This disease is very happily divided by Dr Wilson into that which attacks children under twelve years, and that which we sometimes meet with in adults. I shall in this paper confine myself entirely to the disease as it appears among children. In some it sometimes commences with the symptoms of a common cold or catarrh, which, as the disease



increases, is followed by a difficulty of breathing, which sometimes is so very great, that the shoulders are raised at each inspiration; the abdominal muscles act violently. There is also a considerable attenuate depression and elevation of the scapulae and ribs. The breath at the commencement is free from fitter, but seldom remains so through its progress. The breathing, at this time, has been very correctly compared by Dr. Cullen to the sound of a wind instrument, and by Dr. Wilson to the crowing of a cock. These symptoms sometimes intermit so completely as to induce the physician and friends of the patient to believe that the disease is entirely removed; but they are soon surprised by beholding the little sufferer threatened with immediate suffocation. Certainly it would always be safest in these cases to pay particular attention

the first time I have seen a book  
written in such a hand. It is  
written in a very clear and distinct  
hand, and the letters are well formed.  
The paper is yellowed and stained with  
water, and the ink is very faint. The  
text is written in two columns, and  
the headings are in a larger, bolder  
hand. There are several small  
drawings and sketches throughout  
the text, which appear to be  
illustrations of the subjects  
discussed. The book is bound  
in a simple cloth cover, and  
the spine is decorated with  
a gold-tooled label. The  
book is in good condition,  
but shows signs of age and wear.

to very symptoms, as the paroxysms more frequently occur  
in the night than the day, some skilful person should  
constantly attend the patient through the night, and  
administer such medicine as would relieve him from his  
sufferings, but the phenomena of the disease, as above  
described are not uniform, sometimes they appear so mild  
as to require no remedy, and the patient complains of  
nothing but a little swelling and pain of the part. If he  
is old enough to describe his suffering, when requested  
to move his head, or the hand he gently prefers a position  
not. The cough which attends this disease usually partakes of  
the same sounds, which have been before described, con-  
sisting a concomitant of the difficulty of breathing; The  
expectoration attending this cough sometimes has a purulent

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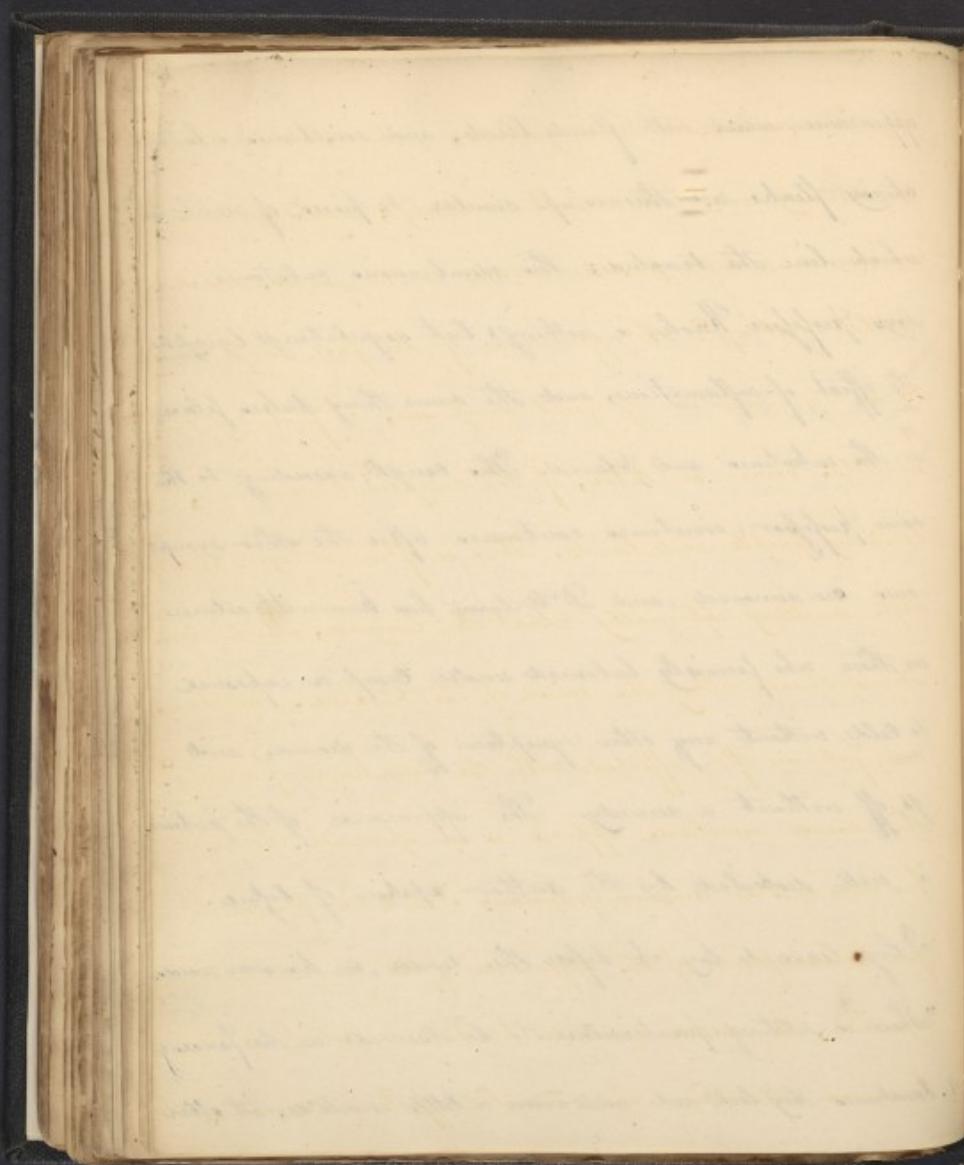
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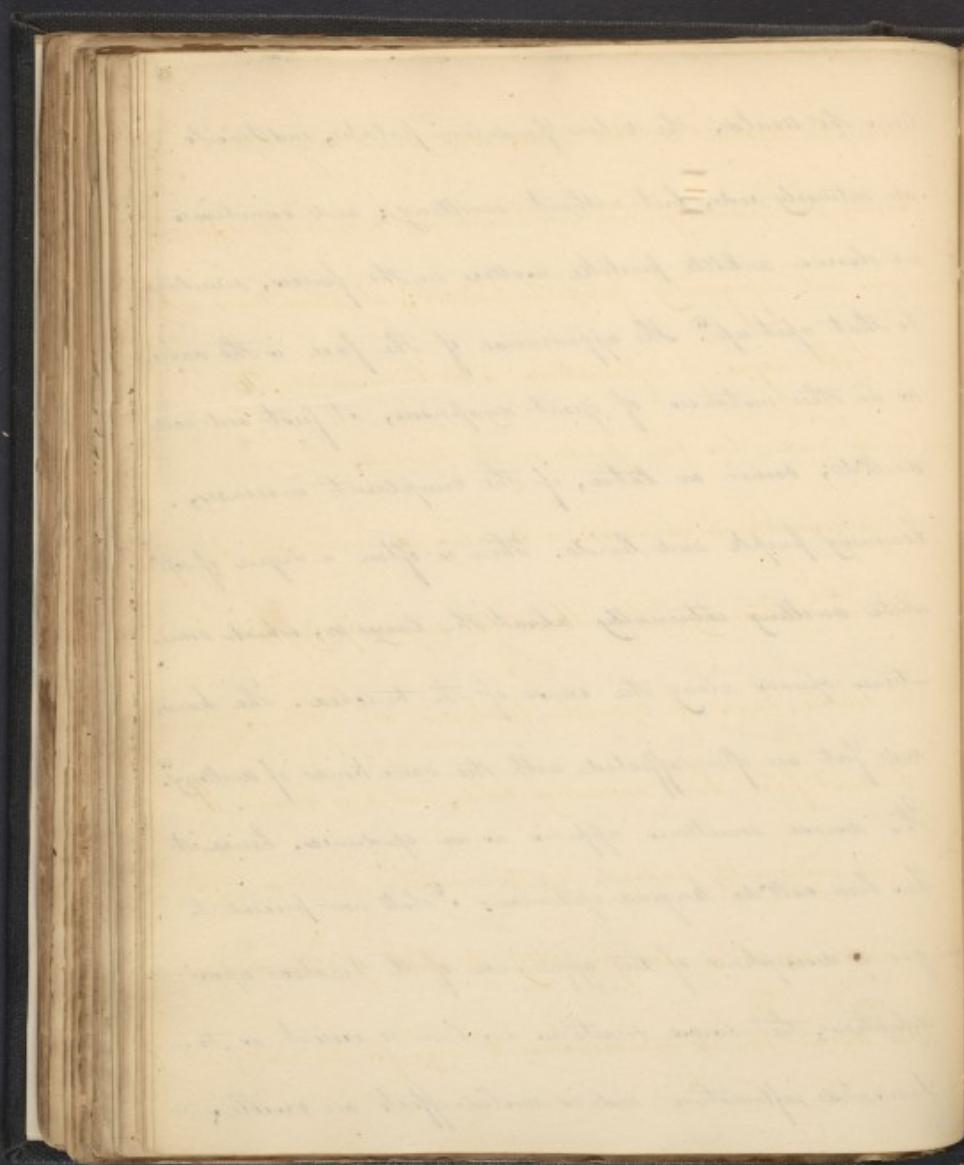
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appearance, mixed with fluid blood, and sometimes white  
chewy flecks are thrown up similar to pieces of membrane  
which line the trachea; This membranous substance,  
says Puffor Rusk, is nothing but coagulated lymph  
the effect of inflammation, and the same thing takes place  
in the intertissues and pleura. This cough, according to the  
same professor, sometimes continues after the other sympto-  
-ms are removed, and Dr Wilson has known its nature  
in those who formerly laboured under Croup or exposure  
to cold without any other symptom of the disease, and  
go off without a remedy. The appearance of the patient  
is well described by the author spoken of before.

I beg leave to lay it before the reader, in his own words.  
"There is nothing particular to be observed in the facies  
generally. Sometimes they look red and even a little swollen, at other



times the uvula, the velum pendulum palati, and tonsils  
are intensely red, but without swelling; and sometimes  
we observe a little puslike matter in the fauces, similar  
to that spit up. The appearance of the face is the same  
as in other instances of great dyspepsia, at first red and  
swollen; sooner or later, if the complaint increases,  
becoming purple and livid. There is often a degree of soft  
white swelling externally about the larynx, which some-  
times spreads along the course of the trachea. The hands  
and feet are often affected with the same kinds of swelling.  
This disease sometimes appears as an epidemic, hence it  
has been called angina epidemica. I shall now proceed to  
give a description of the appearance of the trachea upon  
dissection, the disease sometimes has been so violent as to  
transcend inflammation and no membranous effects are visible.



when the trachea is laid open, some coagulating lymph having been previously thrown out and found a membrane, which prove not unfrequently fatal to patients; at other times only a slight degree of inflammation is to be observed. When liquid matter has been found in the trachea, it is called by professor Rush Memorial, and when a membrane is found, has been called by Dr. Michaelis angina polyposa.

The remote causes of Cynanche trachealis are various, for the most part heat succeeding cold, and vice versa. It is not unfrequently produced by the invisible qualities of the atmosphere; it is also frequently the effect of other diseases. This disease in its commencement may, for the most part,

which you have only had a short time  
and therefore it may not be well to say all now  
as will also be found at the Campagna but much  
more easily to understand if we take  
what is contained in the first and most  
evident of our present knowledge.  
The first point which we have to  
consider is that you have had long time to  
say nothing about the history of Europe in  
connection with Italy the only one who can speak  
of such has the right to do so but it would

be known by a peculiar wheezing and asthmatic breathing,  
which can be very easily removed, if emetics be immediately  
administered; the best for this purpose are antimonial wine,  
Sulphur emetic, Cognac of Iquiles & Specacuauha. When these  
remedies have not been resorted to in the forming state of  
the disease, and the pulse becomes very much excited, there is  
no remedy equal to bloodletting both general and topical.

This, if neglected, the disease either prove fatal or very soon exhausts the patient's strength, which can never be the case if strict attention be paid to depletion. There has been a great difference among the physicians in opinion, who have written on cynaanche trachealis about the employment of the lancet in this disease. Dr. Baile of New York



led until fainting was induced, his practice has been followed by Dr. Dick of Alexandria; but the professor of the Institute and practice of medicine prefers small and frequent bleedings to copious; but has carried it the extent of twelve ounces in the day. This practice has also been followed by the professor of Surgery with compleat success. <sup>C</sup>Bloodletting appears to have been equally successful in the hands of Drs. Callan, Home & Wilson. Dr. Home has spoken decidedly in favor of this remedy "in the inflammatory state, he observes, bleeding appears to have been attended with immediate good effects, and to be a powerful remedy in this situation. This ought to be done expeditiously and plentifully while the pulse will allow. It is best to take it at first with a lancet so that

the 1<sup>st</sup> of May 1850. I am now in New York  
and have been here ever since. I have  
had a very hard time getting work  
but I have at last got a good position  
as a teacher in a school for colored  
children. I have been here about a week  
and have had a good time. I have  
met many interesting people and  
have learned a great deal about  
the city and its surroundings. I have  
also had some time to myself to go  
out and explore the city. I have  
seen many sights and have enjoyed  
myself greatly. I am looking forward  
to my stay here and hope to make  
the most of my time.

a sufficient quantity may be soon drawn off. But when the membrane is once formed," Dr Home again observes, or the purulent matter collected in great quantity in the lungs, evacuations can be no longer of any use; they rather hurt as the pulse is then weak. Hence the reason why people differ about the effects of evacuations in this disease; some deeming them the only certain remedy, while others hold them to be deleterious. Dr Ruttig thoughtly opposes this method in the steadiest terms, saying that he had used evacuations of every kind, but he never found any advantage either from blisters or bloodletting. I rather suppose he did not use the lancet to a sufficient extent, or was not called until the patient was worn down by the violence of the disease; for all authors now consider it



as a disease of high inflammatory type. After bloodletting has been used to a sufficient extent, then emetics should be exhibited very liberally, while tincture, cannabis sublimata, & Turpith mineral have been highly recommended by Dr. Barton, when it was necessary for the patient to vomit immediately.

When emetics are not sufficient to lessen the loads; then we must have recourse to purgatives. The last in this class, are calomel, whulast, & Dillap. Calomel should be both given by itself or in combination with the vegetable purgatives. Dr. Physick has given a half drachm of calomel in the course of the 24 hours, which entirely removed the disease without inducing the least salivation. It is indeed extremely hard to induce salivation in children under 10 years. When this



remedy becomes necessary, we should never be deterred from the use of it by a fear of its inducing salivation, but administer it liberally, for it is one of our best resorts.

After the inflammation has somewhat lessened, then a blister should be applied to the throat, breast, and limbs. They cannot be too highly recommended when properly used.

Dr. Archer has recommended, in high terms, the use of Polygala Lutea, or snake root. I believe this practice has not been much followed as yet, but no doubt it will be found an important medicine. Pedicularis says Dr. Wilson has been used with success, and goes on to state that it is a common nurse's remedy in Scotland.

The warm bath has been also recommended with consid-

and another of our roads in progress would soon  
be followed by a party of Indians who had  
been told our party was approaching. We stopped  
at a small stream to wash up and change our clothes.  
I could not speak English so I called to one  
of our guides who communicated with us in French  
and he said they were Indians and added  
that we were safe. The Indians who came along  
had their scalps plucked off and were dressed like savages  
and were completely naked. They had no bows and arrows  
but a bow and arrow they had and did not  
seem to have any other weapon among a tribe of  
men like savages who had all their men

erable success, and it has, says Dr Rush, proved more successful when a gentle perspiration has supervened after its use. When the inflammation has subsided, then laudanum may be given with considerable advantage to allay the cough. Dilute drams, &c the mixture of Gum Arabic, & Flax Seed tea, &c, are quite necessary and should be administered very liberally. Thus I have completed my essay on Cynanche Trachealis. I am fully conscious of its imperfections, but knowing, it will fall in the hands of a candid judge, who will either pardon its faults or point them out so that they may be corrected; I submit it with pleasure but not without solicitude for its fate.

Pinus.

